

11-08-05

ITW
RCE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Desmond R. Lim GROUP: 1774
SERIAL NO. 997 09/977,107 EXAMINER: Lawrence D. Ferguson

FILED NOV 07 2005 November 29, 2001

FOR: THERMALLY AND ELECTRICALLY CONDUCTING HIGH INDEX
CONTRAST MULTI-LAYER MIRRORS AND DEVICES

Mail Stop RCE
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

This is a request for Continued Examination (CE) under 37 C.F.R. §1.114 of the above-identified application.

1. Submission required under 37 C.F.R. §1.114

- a. ☒ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. §1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).
 - ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - iii. ☐ Other _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
 - ii. ☐ Affidavit(s)/Declaration(s)
 - iii. ☐ Information Disclosure Statement (IDS)
 - iv. ☐ Other _____

CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10

I hereby certify that this Request for Continued Examination (RCE) Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on 11/7/2005 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EV682273044US addressed to the: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
Mail Stop RCE

11/09/2005 DTESSEM1 00000060 09977107

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395.00 DP

Elizabeth M. Ball
Elizabeth M. Ball

2. Miscellaneous

a. ☐ Suspension of action of the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(i) required)

b. ☐ Other _____

3. Fees The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed.

a. ☒ RCE fee required under 37 C.F.R. §1.17(e)

b. ☐ Extension of time fee (37 C.F.R. §§1.136 and 1.17)

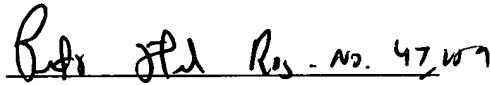
c. ☐ Other _____

4. Fee Payment

a. ☒ Check in the amount of \$395.00 enclosed

b. ☒ The Director is hereby authorized to charge the above fees, or credit any overpayments to Deposit Account No. 19-0079.

Respectfully submitted,


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